

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24116

630

BIRTH NO. #7463		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 630	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				e. STREET ADDRESS (If rural, give location) 5247 Chippewa Street			
3. NAME OF DECEASED (Type or Print)		a. (First) LOUIS		b. (Middle) CHRISTMANN		c. (Last)	
4. DATE OF DEATH		(Month) Jan.		(Day) 18th		(Year) 1951	
5. SEX Male <u>1</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <u>1</u>		8. DATE OF BIRTH July 2nd, 1877		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Shoes		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri <u>1</u>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bernhardt Christmann		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ben O. Christmann, 5247 Chippewa Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 221X			
22. I hereby certify that I attended the deceased from 1/13/51, 19__, to 1/18/51, 19__, that I last saw the deceased alive on 1/18/51, 19__, and that death occurred at 7:35 pm., from the causes and on the date stated above.							
23a. SIGNATURE Albert M. Huggins, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>11</u>		24b. DATE 1/22/51		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 22 1951		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Rueph C. Linders

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.